

Fill in this information to identify your case and this filing:

Debtor 1	Paul First Name	Middle Name	Hrywnak Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)	5:19-bk-04435		

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1.

514 O'Hara Road

Street address, if available, or other description

What is the property?

Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$300,000.00

\$300,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

Moscow
City

PA 18444
State ZIP Code

Lackawanna
County

514 O'Hara Road, Moscow, PA 18444

Who has an interest in the property?

Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....



\$300,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1.

Make: Ford
 Model: F250
 Year: 2011
 Approximate mileage: 85,000

Who has an interest in the property?

Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?**Current value of the portion you own?**\$8,533.00 \$8,533.00

Other information:

2011 Ford F250 (approx. 85,000 miles) Check if this is community property
 (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....\$8,533.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe..... **Miscellaneous goods and furnishings** \$2,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe..... **Miscellaneous electronics** \$600.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....

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11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Miscellaneous clothes	\$500.00
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12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Miscellaneous jewelry	\$200.00
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13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....

--	--

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.....

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15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....**\$3,300.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....Cash: **\$100.00****17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

17.1. Checking account: **Checking account** **\$100.00**

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

<u>Interest in PH Construction & Landscaping, LLC.</u>	<u>100%</u>	<u>\$5,000.00</u>
<u>Sole member of Midnight Reality, LLC.</u>	<u>100%</u>	<u>\$0.00</u>

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them.....

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately. Type of account: _____ Institution name: _____**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes..... Institution name or individual: _____**23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)** No Yes..... Issuer name and description: _____**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them _____**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them _____**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them _____

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____
State: _____
Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information

Alimony: _____
Maintenance: _____
Support: _____
Divorce settlement: _____
Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

 No Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Describe each claim.....

35. Any financial assets you did not already list No Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... → \$5,200.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No
 Yes. Describe.. _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe.. _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe.. _____

41. Inventory

No
 Yes. Describe.. _____

42. Interests in partnerships or joint ventures

No
 Yes. Describe..... Name of entity: % of ownership:

43. Customer lists, mailing lists, or other compilations

No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
 No
 Yes. Describe.... _____

44. Any business-related property you did not already list

No
 Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → \$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes....

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48. Crops--either growing or harvested No Yes. Give specific information.....

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49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade No Yes....

--	--

50. Farm and fishing supplies, chemicals, and feed No Yes....

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51. Any farm- and commercial fishing-related property you did not already list No Yes. Give specific information.....

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52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → **\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.Tractor**\$1,500.00****54. Add the dollar value of all of your entries from Part 7. Write that number here.....** → **\$1,500.00**

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....	→	<u>\$300,000.00</u>
56. Part 2: Total vehicles, line 5		<u>\$8,533.00</u>
57. Part 3: Total personal and household items, line 15		<u>\$3,300.00</u>
58. Part 4: Total financial assets, line 36		<u>\$5,200.00</u>
59. Part 5: Total business-related property, line 45		<u>\$0.00</u>
60. Part 6: Total farm- and fishing-related property, line 52		<u>\$0.00</u>
61. Part 7: Total other property not listed, line 54	+	<u>\$1,500.00</u>
62. Total personal property. Add lines 56 through 61.....		<u>\$18,533.00</u>
	Copy personal property total → +	<u>\$18,533.00</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62.....		<u>\$318,533.00</u>

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u>			
Case number (if known)	<u>5:19-bk-04435</u>		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
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Brief description: 514 O'Hara Road, Moscow, PA 18444	<u>\$300,000.00</u>	<input type="checkbox"/> _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1) (Claimed: \$0.00 100% of fair market value, up to any applicable statutory limit)
Line from <i>Schedule A/B</i> : <u>1.1</u>			

Brief description: 2011 Ford F250 (approx. 85,000 miles) (1st exemption claimed for this asset)	<u>\$8,533.00</u>	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Line from <i>Schedule A/B</i> : <u>3.1</u>			

Brief description: 2011 Ford F250 (approx. 85,000 miles) (2nd exemption claimed for this asset)	<u>\$8,533.00</u>	<input checked="" type="checkbox"/> \$4,533.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : <u>3.1</u>			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption</i>	
Brief description: Miscellaneous goods and furnishings	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>6</u>			
Brief description: Miscellaneous electronics	<u>\$600.00</u>	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>7</u>			
Brief description: Miscellaneous clothes	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : <u>11</u>			
Brief description: Miscellaneous jewelry	<u>\$200.00</u>	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Line from <i>Schedule A/B</i> : <u>12</u>			
Brief description: Cash	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : <u>16</u>			
Brief description: Checking account	<u>\$100.00</u>	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : <u>17.1</u>			

Fill in this information to identify your case:

Debtor 1	Paul First Name	Middle Name	Hrywnak Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)	5:19-bk-04435		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

<i>Column A</i> Amount of claim Do not deduct the value of collateral	<i>Column B</i> Value of collateral that supports this claim	<i>Column C</i> Unsecured portion if any
	\$12,000.00	\$0.00

2.1 **Internal Revenue Service** **Amount of claim** **\$12,000.00** **Value of collateral that supports this claim** **\$0.00** **Unsecured portion if any** **\$12,000.00**

Creditor's name
Internal Revenue Service
Number Street
Centralized Insolvency Operation
PO Box 7346

Philadelphia PA 19101-7346
City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

1040 Taxes

Date debt was incurred **12/31/2010** **Last 4 digits of account number** **4 1 2 8**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,000.00

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion if any

2.2

Describe the property that secures the claim:

\$41,767.00

\$300,000.00

\$41,767.00

Kathy Dellangelo

Creditor's name

485 Dolored Drive

Number Street

Collegeville PA 19426

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Date debt was incurred **2012**

Last 4 digits of account number

6 4 6 6**Expired Judgment at Lackwanna 2012-CV-06466**

2.3

Describe the property that secures the claim:

\$28,394.35

\$300,000.00

\$28,394.35

Mariotti Building Products, Inc.

Creditor's name

One Lewis Industrial Drive

Number Street

514 O'Hara Road, Moscow,**PA 18444****Old Forge PA 18518**

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Date debt was incurred **2008**

Last 4 digits of account number

2 7 0 8**Unrevived judgment**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$70,161.35

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.4

Describe the property that secures the claim:

\$36,212.06

\$0.00

\$36,212.06

Pennsylvania Dep't of Revenue

Creditor's name

PO Box 280946

Number Street

Attn: Bankruptcy Division

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Taxes

Harrisburg PA 17129-0002

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 12/31/2018

Last 4 digits of account number

4 1 2 8

2.5

Describe the property that secures the claim:

\$7,013.79

\$300,000.00

\$7,013.79

Ronald A. Pickenheim

Creditor's name

336 State Route 690

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Springbrook TownPA 18444

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2017

Last 4 digits of account number

5 9 4 6

Default Judgment

Add the dollar value of your entries in Column A on this page. Write that number here:

\$43,225.85

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.6

Describe the property that secures the claim:

\$506,774.43

\$300,000.00

\$206,774.43

Select Portfolio Servicing

Creditor's name

PO Box 65250

Number Street

Salt Lake City UT 84165-0250
City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Mortgage

Date debt was incurred 4/2005

Last 4 digits of account number

7 9 0 4

2.7

Describe the property that secures the claim:

\$330.00

\$300,000.00

\$330.00

United Check Cashing

Creditor's name

741 Oak Street

Number Street

Scranton PA 18508
City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Judgement

Date debt was incurred 2003

Last 4 digits of account number

7 6 0 3

Expired alleged judgment in Lackawanna County a CV-176-2003

Add the dollar value of your entries in Column A on this page. Write that number here:

\$507,104.43

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$632,491.63

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<p>1</p> <p>James C. Warmbrodt, Esquire Name KML Law Group, PC Number Street 701 Market Street, Suite 5000</p> <p>Philadelphia PA 19106 City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.6</p> <p>Last 4 digits of account number _____</p>
<p>2</p> <p>Joseph E. Mariotti, Esquire Name 730 Main Street Number Street</p> <p>Moosic PA 18507 City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.3</p> <p>Last 4 digits of account number _____</p>
<p>3</p> <p>Zucker, Goldberg, & Ackerman Name 200 Sheffield Street, Suite 101 Number Street Mountainside, NJ 7092</p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? 2.6</p> <p>Last 4 digits of account number _____</p>

Fill in this information to identify your case:

Debtor 1	Paul First Name	Middle Name	Hrywnak Last Name
Debtor 2	(Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)	5:19-bk-04435		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority amount	Nonpriority amount
\$235,497.43	\$16,724.16	\$218,773.27

Internal Revenue Service

Priority Creditor's Name

Last 4 digits of account number

4 1 2 8

Centralized Insolvency Operation

Number Street

PO Box 7346

When was the debt incurred?

12/31/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Philadelphia PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Is the claim subject to offset?

No
 Yes

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

	Total claim	Priority amount	Nonpriority amount
2.2	\$5,028.38	\$4,867.92	\$160.46

Pennsylvania Dep't of Revenue

Priority Creditor's Name

PO Box 280946

Number Street

Attn: Bankruptcy Division

Last 4 digits of account number

4 1 2 8

When was the debt incurred?

Harrisburg PA 17129-0002
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3 \$430.00

Capital One

Nonpriority Creditor's Name

PO Box 30285

Number Street

Last 4 digits of account number 1 7 7 3

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

4.4 \$642.00

Credit First N.A.

Nonpriority Creditor's Name

PO Box 81315

Number Street

Last 4 digits of account number 2 0 0 2

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Cleveland OH 44181

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Judgement

4.5 \$416.00

Credit One Bank

Nonpriority Creditor's Name

PO Box 98873

Number Street

Last 4 digits of account number 6 4 5 5

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Las Vegas NV 89193

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Credit Card

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6	\$1,585.35
-----	------------

Edward R. Davailus

Nonpriority Creditor's Name

56 Prince Edward Dr.

Number Street

Last 4 digits of account number 0 7 7 0When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Covington Township PA 18424

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Expired Judgment

Expired 2013 Judgment. Potentially satisfied.

4.7	\$82.00
-----	---------

Geisinger

Nonpriority Creditor's Name

100 North Academy Ave

Number Street

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.8	\$425.00
-----	----------

Geisinger

Nonpriority Creditor's Name

100 North Academy Ave

Number Street

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9	\$244.00
-----	----------

Geisinger

Nonpriority Creditor's Name
100 North Academy Ave
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.10	\$244.00
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Geisinger

Nonpriority Creditor's Name
100 North Academy Ave
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.11	\$244.00
------	----------

Geisinger

Nonpriority Creditor's Name
100 North Academy Ave
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12 \$44,185.55

Geisinger

Nonpriority Creditor's Name

100 North Academy Ave

Number Street

Last 4 digits of account number **4 1 2 8**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.13 \$420.00

Geisinger

Nonpriority Creditor's Name

100 North Academy Ave

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.14 \$385.00

Geisinger

Nonpriority Creditor's Name

100 North Academy Ave

Number Street

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15	\$186.00
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Geisinger

Nonpriority Creditor's Name
100 North Academy Ave
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.16	\$586.00
------	----------

Geisinger

Nonpriority Creditor's Name
100 North Academy Ave
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.17	\$176.00
------	----------

Geisinger

Nonpriority Creditor's Name
100 North Academy Ave
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18	\$176.00
------	----------

Geisinger

Nonpriority Creditor's Name
100 North Academy Ave
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.19	\$403.00
------	----------

Geisinger

Nonpriority Creditor's Name
100 North Academy Ave
 Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Danville PA 17822
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.20	\$1,710.11
------	------------

Godino's West Mountain Stone Quarry

Nonpriority Creditor's Name
840 Newton Road
 Number Street

Last 4 digits of account number **4 4 0 4**When was the debt incurred? **2005**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Scranton PA 18504
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Judgement

Expired Judgment at 2005-CV-01362

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21	\$16,712.50
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Joseph Cichocki
 Nonpriority Creditor's Name
134 Everhart Street
 Number Street

Last 4 digits of account number e n t sWhen was the debt incurred? 12/1/2004

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Dupont PA 18641
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Expired Judgments

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Judgements obtained separately to avoid magistrate limits in 2004, Revived in 2012 at 12-CV-420, 12-CV-421, 12-CV-422, 12-CV-424

4.22	\$642.88
------	----------

Kost Tire
 Nonpriority Creditor's Name
1031 O'Neil Highway
 Number Street

Last 4 digits of account number m e n tWhen was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Dunmore PA 18512
 City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Expired Judgment

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Expired 2002 Judgment.

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.23	\$1,112.00
------	------------

Kurlancheek Furniture
Nonpriority Creditor's Name
145 Welles St.
Number Street

Last 4 digits of account number 0 5 9 7When was the debt incurred? 1997

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Forty Fort PA 18704
City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Judgement

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Expired judgment in Lackawanna County at CV-105-1997-ZA

4.24	Unknown
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Landmark Community Bank
Nonpriority Creditor's Name
2 S Main Street
Number Street

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Pittston PA 18640
City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Unsecured Debt

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

4.25	\$495.95
------	----------

LVNV Funding
Nonpriority Creditor's Name
c/o Resurgent Capital Services
Number Street
PO Box 10587

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Greenville SC 29603-0587
City State ZIP Code

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Debt Buyer

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.26	Michael & Diane Mey Nonpriority Creditor's Name 318 Penn Avenue, 2nd Floor Number Street	Last 4 digits of account number <u>2 1 0 2</u>
		When was the debt incurred? <u>2008</u>
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Scranton PA 18503 City State ZIP Code	Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Unknown
	Who incurred the debt? Check one.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2008 Writ of Summons filed at 2008-CV-2102 in Lackawanna Court of Common Pleas		
4.27	Modern Gas Sales Inc. Nonpriority Creditor's Name PO Box 1 Number Street	\$335.00
		Last 4 digits of account number <u> </u>
		When was the debt incurred? <u> </u>
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Avoca PA 18661 City State ZIP Code	Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility
	Who incurred the debt? Check one.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.28	PPL Nonpriority Creditor's Name 827 Hausman Road Number Street	\$4,580.07
		Last 4 digits of account number <u>7 0 0 5</u>
		When was the debt incurred? <u>2019</u>
		As of the date you file, the claim is: Check all that apply.
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Allentown PA 18104-9392 City State ZIP Code	Type of NONPRIORITY unsecured claim:
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility
	Who incurred the debt? Check one.	
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	
	<input type="checkbox"/> Check if this claim is for a community debt	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.29	\$23,160.00
------	-------------

Robert Essling
Nonpriority Creditor's Name
408 Marion Street
Number Street

Last 4 digits of account number 4 7 7 2When was the debt incurred? 9/1/2006

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Clarks Summit PA 18411
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Expired Judgment

Is the claim subject to offset?

No
 Yes

Judgment in 2005-CV-4772 entered 9/1/2006 is expired and beyond statute of limitations.

4.30	\$883.00
------	----------

Santarelli & Sons Oil Co.
Nonpriority Creditor's Name
443 N. Main Street
Number Street

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Peckville PA 18452
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Utility

Is the claim subject to offset?

No
 Yes

4.31	\$1,456.49
------	------------

Scranton Craftsmen
Nonpriority Creditor's Name
930 Dunmore Street
Number Street

Last 4 digits of account number m e n tWhen was the debt incurred? 2006

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Throop PA 18512
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Expired Judgment

Is the claim subject to offset?

No
 Yes

Expired Judgment at 2006-CV-05140

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Ability Recovery Services	On which entry in Part 1 or Part 2 did you list the original creditor?	
Name PO Box 4031	Line <u>4.27</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims	
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number _____		
Wyoming PA 18644	State ZIP Code	
City		
Brigid E. Carey, Esquire		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 429 S. Main Street, Suite 6	Line <u>4.29</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims	
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number <u>4 7 7 2</u>		
Old Forge PA 18518	State ZIP Code	
City		
Capiro Partners LLC		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 2222 Texoma Pkwy	Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims	
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Suite 150		
Last 4 digits of account number _____		
Sherman TX 75091	State ZIP Code	
City		
Godino's W. Mt. Stone Quarry		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 703 Newton Road	Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims	
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number _____		
Scranton PA 18504	State ZIP Code	
City		
Jeffrey W. Nepa, Esquire		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 41 N Main Street, Suite 400	Line <u>4.20</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims	
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
Last 4 digits of account number <u>1 3 6 2</u>		
Carbondale PA 18407	State ZIP Code	
City		
LVNV Funding		On which entry in Part 1 or Part 2 did you list the original creditor?
Name c/o Resurgent Capital Services	Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims	
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims	
PO Box 10587		
Last 4 digits of account number _____		
Greenville SC 29603-0587	State ZIP Code	
City		

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

LVNV Funding Name c/o Resurgent Capital Services Number Street PO Box 10587	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line <u>4.3</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
 Greenville SC 29603-0587 City State ZIP Code	
Last 4 digits of account number _____	
Penn Credit Corporation Name 916 S 14th Street Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line <u>4.28</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
 Harrisburg PA 17108 City State ZIP Code	
Last 4 digits of account number _____	
Penn Credit Corporation Name 916 S 14th Street Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line <u>4.19</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
 Harrisburg PA 17108 City State ZIP Code	
Last 4 digits of account number _____	
Penn Credit Corporation Name 916 S 14th Street Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line <u>4.18</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
 Harrisburg PA 17108 City State ZIP Code	
Last 4 digits of account number _____	
Penn Credit Corporation Name 916 S 14th Street Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line <u>4.17</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
 Harrisburg PA 17108 City State ZIP Code	
Last 4 digits of account number _____	
Penn Credit Corporation Name 916 S 14th Street Number Street	On which entry in Part 1 or Part 2 did you list the original creditor?
	Line <u>4.16</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
 Harrisburg PA 17108 City State ZIP Code	
Last 4 digits of account number _____	

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Penn Credit Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 916 S 14th Street	Line <u>4.15</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Harrisburg PA 17108	City State ZIP Code
Penn Credit Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 916 S 14th Street	Line <u>4.14</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Harrisburg PA 17108	City State ZIP Code
Penn Credit Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 916 S 14th Street	Line <u>4.13</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Harrisburg PA 17108	City State ZIP Code
Penn Credit Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 916 S 14th Street	Line <u>4.11</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Harrisburg PA 17108	City State ZIP Code
Penn Credit Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 916 S 14th Street	Line <u>4.10</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Harrisburg PA 17108	City State ZIP Code
Penn Credit Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 916 S 14th Street	Line <u>4.9</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Harrisburg PA 17108	City State ZIP Code

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Penn Credit Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 916 S 14th Street	Line <u>4.8</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Harrisburg PA 17108	City State ZIP Code
Penn Credit Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 916 S 14th Street	Line <u>4.7</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Harrisburg PA 17108	City State ZIP Code
Resurgent Capital Services	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 10465	Line <u>4.5</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
55 Beatie Placesuite 110	
Last 4 digits of account number _____	
Greenville SC 29603-0465	City State ZIP Code
Resurgent Capital Services	On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO Box 10465	Line <u>4.3</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
55 Beatie Placesuite 110	
Last 4 digits of account number _____	
Greenville SC 29603-0465	City State ZIP Code
USCB Corporation	On which entry in Part 1 or Part 2 did you list the original creditor?
Name 101 Harrison St	Line <u>4.30</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims
Number Street	<input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Archbald PA 18403	City State ZIP Code

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. <u>\$0.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$240,525.81</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
6e. Total. Add lines 6a through 6d.	6d. <u>\$240,525.81</u>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. <u>\$0.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$103,248.80</u>
6j. Total. Add lines 6f through 6i.	6j. <u>\$103,248.80</u>

Fill in this information to identify your case:

Debtor 1	<u>Paul</u> First Name	<u>Hrywnak</u> Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>MIDDLE DIST. OF PENNSYLVANIA</u>			
Case number (if known)	<u>5:19-bk-04435</u>		

Check if this is an
amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	Paul First Name	Middle Name	Hrywnak Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)	5:19-bk-04435		

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
 No
 Yes

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line **2.7**

Schedule E/F, line _____

Schedule G, line _____

United Check Cashing

Schedule D, line _____

Schedule E/F, line **4.1**

Schedule G, line _____

Arla Johnson, POA for Jane S. Johnson

3.1

KAB Construction, Inc.

Name

14 O'Hara Road

Number Street

Moscow

City

PA

State

18444

ZIP Code

3.2

Midnight Reality, LLC

Name

14 O'Hara Road

Number Street

Spring Brook Twp

City

PA

State

18444

ZIP Code

Fill in this information to identify your case:

Debtor 1	Paul First Name	Hrywnak Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)	5:19-bk-04435		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse			
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed			
Occupation	President/Sole Member				
Employer's name	PH Construction and Landscaping, LLC				
Employer's address	14 O'Hara Road Number Street				
	Number Street				
Moscow	PA	18444	City	State	Zip Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$0.00</u>	_____
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	_____
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$0.00</u>	_____

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
Copy line 4 here	4. <u>\$0.00</u>	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. <u>\$0.00</u>	
5b. Mandatory contributions for retirement plans	5b. <u>\$0.00</u>	
5c. Voluntary contributions for retirement plans	5c. <u>\$0.00</u>	
5d. Required repayments of retirement fund loans	5d. <u>\$0.00</u>	
5e. Insurance	5e. <u>\$0.00</u>	
5f. Domestic support obligations	5f. <u>\$0.00</u>	
5g. Union dues	5g. <u>\$0.00</u>	
5h. Other deductions. Specify: _____	5h. + <u>\$0.00</u>	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <u>\$0.00</u>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. <u>\$0.00</u>	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$0.00</u>	
8b. Interest and dividends	8b. <u>\$0.00</u>	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$0.00</u>	
8d. Unemployment compensation	8d. <u>\$0.00</u>	
8e. Social Security	8e. <u>\$0.00</u>	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <u>\$0.00</u>	
8g. Pension or retirement income	8g. <u>\$0.00</u>	
8h. Other monthly income. Specify: <u>Draw from LLC</u>	8h. + <u>\$6,300.00</u>	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <u>\$6,300.00</u>	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <u>\$6,300.00</u> + _____ = <u>\$6,300.00</u>	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + <u>\$0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. <u>\$6,300.00</u>	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <u>None.</u>		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)	5:19-bk-04435		

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. **Does Debtor 2 live in a separate household?**
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and
Debtor 2.

No

Yes. Fill out this information
for each dependent.....

**Dependent's relationship to
Debtor 1 or Debtor 2**

**Dependent's
age**

**Does dependent
live with you?**

Daughter

6

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

**3. Do your expenses include
expenses of people other than
yourself and your dependents?**

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

4. **\$3,488.00**

If not included in line 4:

4a. Real estate taxes

4a. _____

4b. Property, homeowner's, or renter's insurance

4b. _____

4c. Home maintenance, repair, and upkeep expenses

4c. _____

4d. Homeowner's association or condominium dues

4d. _____

	<u>Your expenses</u>
5. Additional mortgage payments for your residence, such as home equity loans	5. _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. <u>\$365.00</u>
6b. Water, sewer, garbage collection	6b. _____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$310.00</u>
6d. Other. Specify: _____	6d. _____
7. Food and housekeeping supplies	7. <u>\$300.00</u>
8. Childcare and children's education costs	8. _____
9. Clothing, laundry, and dry cleaning	9. <u>\$10.00</u>
10. Personal care products and services	10. <u>\$50.00</u>
11. Medical and dental expenses	11. <u>\$15.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$420.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____
14. Charitable contributions and religious donations	14. _____
15. Insurance.	
Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. <u>\$225.00</u>
15b. Health insurance	15b. <u>\$116.66</u>
15c. Vehicle insurance	15c. _____
15d. Other insurance. Specify: _____	15d. _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	
Specify: _____	16. _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. _____
17b. Car payments for Vehicle 2	17b. _____
17c. Other. Specify: _____	17c. _____
17d. Other. Specify: _____	17d. _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____
19. Other payments you make to support others who do not live with you.	
Specify: _____	19. _____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: 21. +

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. <u>\$5,299.66</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. <u></u>
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$5,299.66</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$6,300.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. <u>-\$5,299.66</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$1,000.34</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes. Explain here:
None.

Fill in this information to identify your case:

Debtor 1	Paul First Name	Middle Name	Hrywnak Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)	5:19-bk-04435		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	<i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$300,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$18,533.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$318,533.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	<i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a.	Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$632,491.63
3.	<i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$240,525.81
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$103,248.80
	Your total liabilities	\$976,266.24

Part 3: Summarize Your Income and Expenses

4.	<i>Schedule I: Your Income</i> (Official Form 106I)	
	Copy your combined monthly income from line 12 of Schedule I.....	\$6,300.00
5.	<i>Schedule J: Your Expenses</i> (Official Form 106J)	
	Copy your monthly expenses from line 22c of Schedule J.....	\$5,299.66

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.**\$4,183.33****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$240,525.81
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$240,525.81

Fill in this information to identify your case:

Debtor 1	Paul First Name	Middle Name	Hrywnak Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: MIDDLE DIST. OF PENNSYLVANIA			
Case number (if known)	5:19-bk-04435		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Paul Hrywnak
Paul Hrywnak, Debtor 1

X _____
Signature of Debtor 2

Date 12/04/2019
MM / DD / YYYY

Date _____
MM / DD / YYYY